

Guidance for using the Assessment of Audit (AoA)

Summary and overview

The Assessment of Audit is designed to assess a trainee's competence in completing an audit and to encourage a reflective approach to learning. The assessment can be based on the review of audit documentation or on a presentation of the audit at a meeting. If possible the trainee should be assessed on the same audit by more than one assessor. Assessors can be any doctor with suitable experience - for trainees in higher specialty training, assessors are likely to be consultants.

All workplace-based assessments are intended primarily to support learning so feedback is very important. The trainee should be given immediate feedback to identify strengths and areas for development. The descriptors below may be helpful when completing the audit assessment form.

Acknowledgement: The assessment was adapted from the *Audit Assessment Tool* developed by the Joint Royal Colleges of Physicians' Training Board (JRCPTB).

Feedback	<ul style="list-style-type: none"> Observer stresses strengths and areas for development. Key action points noted, with guidance on how they might be achieved.
Descriptors of competencies demonstrated during the Assessment of Audit	
Relevance of topic	<ul style="list-style-type: none"> The reason for the choice of audit is clear. It affects important aspects of care or governance. The aims of the audit are stated, including the potential for change.
Standards and targets chosen	<ul style="list-style-type: none"> Explicit criteria are used to measure performance. The criteria are measurable and have an evidence base. Where the criteria are based on professional opinion, formal consensus methods are used.
Methods	<ul style="list-style-type: none"> The degree to which the audit is a collaboration is acknowledged. Ethical issues are discussed and addressed appropriately. The parameters of the audit are specified: persons involved; processes/outcomes to be audited; time period for data gathering. Appropriate sampling is used. Data gathering is comprehensive e.g. using more than one source of information on patients: clinical record and electronic patient record. Data extraction is consistent e.g. use of specifically designed data forms. Ability to critique methods is demonstrated.
Results and interpretation	<ul style="list-style-type: none"> The results of the audit are clearly presented. The results are interpreted correctly.
Conclusions and plan for implementation	<ul style="list-style-type: none"> Appropriate conclusions are drawn from the results. Barriers to change are identified prior to implementation of audit conclusions. An appropriate implementation plan is drawn up to affect a change in performance. The implementation plan takes account of contextual factors and constraints: financial, educational, time. The audit is disseminated in an appropriate fashion to maximise take up of implementation plan e.g. local or regional presentation, written circular, publication.
Plan for further evaluation	<ul style="list-style-type: none"> Realistic methods for the evaluation of the implementation plan are described. Plans for a repeat of the audit cycle are considered.
Professionalism	<ul style="list-style-type: none"> Demonstrates leadership, team-working, self-management. Follows principles of quality and safety, upholds professional and ethical values.
Overall quality	<ul style="list-style-type: none"> An overall judgement based on the above criteria.